

Work Order ID 99229

99229

Ship tomorrow
Page 1

April-03-13 1:08:17 PM

Item ID: D4790-5

Accept

N900040100

Setup Start *NS1*

Revision ID: PRELIM

Stop *NS2*

Item Name: Fwd Flange

Start Date: 4/03/13

Start Qty: 2.00

2

Cust Item ID:

Required Date: 4/03/13

Req'd Qty: 2.00

2

Customer:

Reference:

PRELIMINARY ISSUE

Run Start *NR1*

Approvals:

Process Plan: mk

Date: 13-4-03

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D4790

PA3

100

0.00

100

FLOW WATER JET

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg D4790

Dwg Rev: PA3

Prog Rev: PA3

2-Deburr as required

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Memo

0.00

Quality Control

4

DAS
05
2-03
13-04-03

4

DAS
05
2-03
13-04-03

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

Work Order ID 99229

99229

Page 2

April-03-13 1:08:17 PM

Item ID: D4790-5 Accept *N900040100* Setup Start *NS1*
Revision ID: PRELIM Stop *NS2*
Item Name: Fwd Flange
Start Date: 4/03/13 Start Qty: 2.00 *2* Cust Item ID:
Required Date: 4/03/13 Req'd Qty: 2.00 *2* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00 B44				4 Inspect as per Draw PAB			
160 *160* HandFinish Hand Finishing	Chemical Conversion Coat per QSI005 4.1 Memo	0.00 0.00				4		26 B. 4/4	
170 *170* QC Quality Control	QC7-Inspect Chemical Conversion Coat Memo	0.00 0.00 B44				4 Inspect as per Draw PAB			

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 99229

April-03-13 1:08:17 PM

99229

Page 3

Item ID: D4790-5

Accept

N900040100

Setup Start ***NS1***

Revision ID: PRELIM

Stop ***NS2***

Item Name: Fwd Flange

Start Date: 4/03/13 Start Qty: 2.00 ***2***

Cust Item ID:

Required Date: 4/03/13 Req'd Qty: 2.00 ***2***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Identify as per dwg & Stock Location: _____	0.00							
180									
Packaging	Memo	0.00							
Packaging									
190	QC21- Final Inspection - Work Order Release	0.00							
190									
QC	Memo	0.00							
Quality Control									

POSITIVE RECALL

EFFECTIVE _____ AUTH _____

RELEASED _____ DATE _____

ME
13-4-4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

April-03-13 1:08:17 PM

Page 1

Work Order ID: 99229

Parent Item: D4790-5

Start Date: 4/03/13

Required Date: 4/03/13

Parent Item Name: Fwd Flange

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A NEW ISSUE 13-03-22 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063 6061-T6 .063 Sheet		Purchased	No				sf	243.3625		<u>0.2105263</u>		4/13/04	03

Location

Loc Qty

Loc Code

MAT021

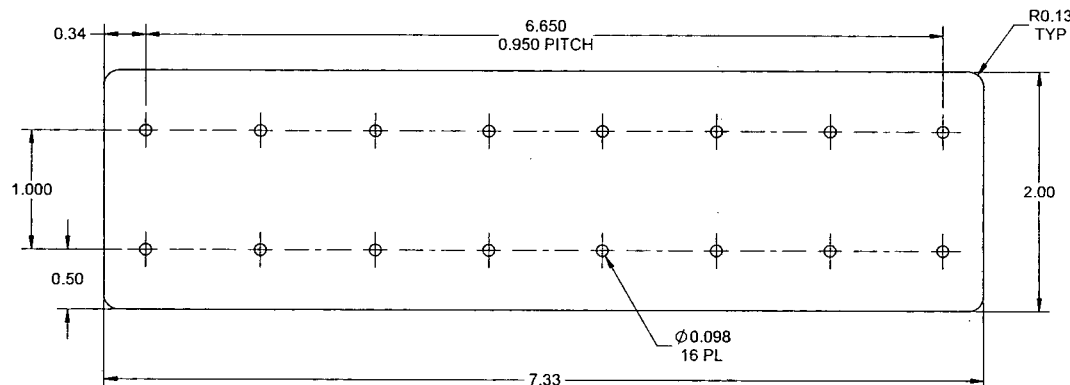
243.3625

123135

120.5625

124003

122.8



D4790-5 FWD FLANGE

NOTES:

- 1) MATERIAL: 6061-T6/T62 ALUMINUM SHEET 0.063 THICK
PER QQ-A-250/11 OR AMS-QQ-A-250/11
OR AMS 4025 OR AMS 4027 OR ASTM B209
REF DART SPEC M2024T3S.063 OR M6061T6S.063
OR
2024-T3 ALUMINUM SHEET, 0.063 THICK
QQ-A-250/4 OR AMS-QQ-A-250/4 OR AMS 4037 OR ASTM B209
REF DART SPEC M6061T6S.063 OR M2024T3S.063
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.09 lbs

PRELIMINARY ISSUE

RF 13.03.02

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<i>RF</i>	DRAWING NO. D4790	REV. PA3 SHEET 8 OF 8
MFG. APPR.		TITLE FWD C-CHANNEL ASSEMBLY	SCALE INTS
APPROVED		<small>COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	
DE APPR.			
DATE	13.03.02		

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
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<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
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<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
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		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Receiving Report

Date: 12-12-11
 Supplier: Campi

Batch No: 124063
 Dart P/O: 186008

Packing Slip: Yes ☒ No ☐
 Invoice: Yes ☒ No ☐
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐
 Waybill Attached: Yes ☐ No ☒ N/A ☐
 Shipment Complete: Yes ☒ No ☐ N/A ☐
 QC6 Inspection ☒ N/A ☒
 Work Order ☒ N/A ☒

Discrepancies

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK) Level 12

SP

Production/Admin: 12-12-11
 Date
 Received/Costing SP
 Initial

Location _____

Page 1 of 1

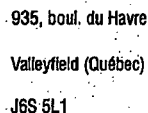
All amounts are calculated in domestic currency.

All Vendors PO ID PO18608 Receipt Dates from 12/11/2012 to 12/11/2012 All Line Item Types

All Item ID/GL/WOs All Rec. Employees All Currencies

Grouped by Vendor ID

[illegible]



TÉLÉPHONE : 45 4248
FAX : 450 311-5696

MONTREAL : 514 336-4248
FAX : 514 336-4246

DISTRIBUTEUR D'ACIER ET MÉTALLS SPÉCIALISÉS
STEEL AND SPECIALTY METALS DISTRIBUTOR

ONTARIO : 1 800 667-4248
FAX : 1 866 456-4242

On a du Savoir "FER"

VENDU À / SOLD TO:

613-632-5200

613-632-1053

EXPÉDIEZ À / SHIP TO:

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY,
ONTARIO
K6A 1K7

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY,
ONTARIO
K6A 1K7

EQUIP:001 LIFT

COMMANDE
ORDER

N° 209049

DATE _____

07/12/12

BON DE LIVRAISON
PACKING SLIP

NS

DATE DE LIVRAISON
DELIVERY DATE 11/12/12

VOTRE N° DE COMMANDE / YOUR PO. N° F018608	VENDEUR / SALESM. V	CODE CLIENT / CUST. CODE DAER	EXPEDIE PAR / SHIP VIA	TERMES / TERMS NET 30 JOURS	TERR. 2R	REMARQUES / REMARKS 	PAGE N° 001
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[illegible]

* Unités de mesure :	CLB	Cent livres Hundred pounds	• CPI	Cent pieds Hundred feet	• UN	Unité Unit	• PI	Pied Foot	• PC	Pied carré Square foot
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POIDS TOTAL	(
TOTAL WEIGHT	

CONDITIONS

LES MATERIAUX LIVRES ET FACTURES DE CELS QUE DOIBT DEVENIR LA PROPRIETE DE "ASIER CAMP LINC" : JUSQU'A PARTIR PAIEMENT COMPLET
LES RIVAGES DE LA MER NE SONT LA CHARGE DE L'ACHETEUR. L'ACHETEUR GARANTIT LA QUALITE DU MATERIEL ET DE CELLE DU FABRICANT.
L'ACHETEUR S'ENGAGE A RESPECTER LES CONDITIONS SUIVANTES : 10 JOURS DE LA DATE DE FACTURATION ET 10 JOURS COMPTES IMPRIMES DANS LES 30 JOURS ENTRAINE DES FRAIS DE 2% PAR MOIS (94% PAR ANNEE) OUTR 30 JOURS DE DELAI. L'ACHETEUR UNE COUT
L'AUTRE DES OBLIGATIONS EN VERTU DU PRESENT CONTRAT ENTRE LA CANCELLATION DU TERMINE ET PERMETTANT ENDEVOIR A SON AVANT DE RECLAMER
TOUT SOLDAT PRIX DE VENTE OU DE REPRISE DES VENTE. L'ACHETEUR LA MONTION DOIT ETRE FAIT DANS LES CINQ JOURS SUIVANT LA PRESENTATION DE
CE DOCUMENT. L'ACHETEUR MARCHANDISE ENDOXIMALES ALLEZ EN COMPTANT PAR ETRE REPRISE. ACHETEUR RETOUR DE LA MARCHANDISE NE SERA
ACCEPTER SANS NOTRE AUTORISATION. L'ACHETEUR MARCHANDISEMENT POUR LA SUIVANTE A DES FRAIS DE MAINTIEN EN DRAIN.

CONDITIONS

ALL SOLD AND DELIVERED MATERIALS REMAIN THE PROPERTY OF "AGIER CAMPING" UNTIL PAYMENT IS MADE IN FULL, COMPLETE AND CASHED. ALL UNPAID MATERIALS WILL BE RETURNED TO THE BUYER'S RESIDENCE. ALL MATERIALS BEAR THE SAME WARRANTY AS GIVEN BY THE MANUFACTURER. THE BUYER HEREBY ACCEPTS TO RESPECT THE FOLLOWING CONDITIONS: NEXT DAY DELIVERY FROM BILL TO BILL AND THE BUYER AGREES TO PAY ADMINISTRATION CHARGES OF 20% PER MONTH OR 2% PER ANNUUM ON THE TOTAL OF THE CREDIT. IN THE EVENT OF A DELAY OF MORE THAN 30 DAYS, THIS CONTRACT WILL LEAD TO PAYMENT BY ACCELERATION AND PERMITS TO THE SELLER, AT HIS OFFICE, TO CLAIM FOR THE BALANCE DUE OR THE REPOSSESSION OF THE GOODS SOLD. ANY CLAIM MUST BE MADE WITHIN FIVE DAYS WITH THIS DOCUMENT ENCLOSED. ANY PERSON SIGNING THIS HAS BEEN INFORMED, COPIED OR MODIFIED CANNOT BE RETURNED. ALL GOODS RETURNED MUST BE WITH OUR AUTHORIZATION AND ARE SUBJECT TO A 25% RESTITUTION CHARGE.

MARCHANDISE RECUE EN BONNE CONDITION MERCHANDISE RECEIVED IN GOOD CONDITION

X	Shaw	A/Y	M/M	D/D
		1/1	1/1	1/1

SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE

WDAE

SOUS-TOTAL
SUB TOTAL

T.P.S.
G.S.T

T.V.Q. / TVH
Q.S.T. / H.S.T

TOTAL

PRÉPARÉ / PREPARED.

VÉRIFIÉ / VERIFIED

LIVRÉ. / DELIVERED

HEURE / TIME

PAR
RY:PA
BYPAR
BY

N° ENR. TPS / QST REG. N° R 135 534 717 - N° ENR. TVQ / QST REG. N° 1 015 668 543

CERTIFIED INSPECTION REPORT

Alcoa Inc.

DAVENPORT WORKS 4879 State Street Bettendorf, IA 52722

Ship From: RIVERDALE, IA.

We hereby certify that the material covered by this certificate has been inspected with, and has been found to meet the applicable requirements described therein, including any specifications forming a part of the description and that samples representative of the material met the composition limits and had the mechanical properties shown on the face of this sheet.

This test report shall not be reproduced except in full, without the written approval of the Quality Department. No alteration, addition or other change is authorized to be made to this certificate. The recording of false, fictitious, or otherwise fraudulent statements or entries on this certificate by any recipient may be punished as a felony under applicable law.

Per:

Rob d. Woodall

Rob Woodall
Director of Manufacturing Davenport Works

Terrance Thom

Terrance Thom
Quality Assurance Manager

1381354 Ship Date	0 B.L. No.	Invoice No.	Alcoa No. Item
2012-05-16	7036272	00000	1000363803-3 DPE-63803-3
P.O. No./Govt Contract No.	Customer	Alcoa Item	
C64813 Ln#:	3		

Page 1 of 2

Ship To:

Item Description
(0.063) IN TK (+0.0000 - .0035) X (48.0 IN W (+.125 - .135) X 144.0 IN LN (+.15625 - .15625) (N) A/T 6061-
T6 PLAT SHEET FOR DISTRIBUTORS TOLERANCE
GUARANTEED. AMS4027 REV N EXC MRK ASME-SB-
209 REV 11 EXC MRK ASTM209 REV 10
CMMPO25 REV U ((MARKED)) KRAFT PAPER
INTERLEAVED MAX GROSS
SKID WGT: 4500 LB QUAN TOL +/-30 %
CQR 0222751 REV 07 CUST REQ 12-05-
12 *** W/E 12-05-26 ***

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	411520	463274	4081	100	PC	27649 47004 2892116
2	411522	463274	4087	100	PC	27649 47004 2892117
3	411528	463274	3105	76	PC	27649 47004 2892118
			11273	276		

Notes for CQR: 0222751.7

PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250_11 ORIGINAL REVISIO N DATED 1997-08-01.

CQR: 0222751.7 -Specification Limits

Temp	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
		Max		
		Min	42.0	35.0
				10

DAV
05
289
12.12.12

CERTIFIED INSPECTION REPORT

Alcoa Inc.

DAVENPORT WORKS 4879 State Street Bettendorf, IA 52722

Ship From: RIVERDALE, IA.

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Per

Rob Woodall

Rob Woodall
Director of Manufacturing Davenport Works

Terrence Thom

Terrence Thom
Quality Assurance Manager

1381354

Ship Date

0

B.L. No.

Invoice No.

Alcoa No. Item

2012-05-16

7036272

00000

1000163803-3

DPE-63803-3

P.O. No./Govt Contract No.

Customer

Alcoa Item

C54813 Ln#: 3

Page 2 of 2

CQR: 0222751.7 -Specification Limits (cont.)

Chemical Composition	SI	FE	CU	MN	MG	CR	ZN	TI	Other	Other	Each	Total	Aluminum
Max	0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05	0.15			
Min	0.40		0.15		0.8	0.04							

Alloy 6061

Lot: 463274

- Mechanical, Physical, Metallography, Quantometer Results

REMAIN

Temp	Dir	No ->	UTS	TYS	EL4D
T6	Long Transv.	Test	KSI	KSI	PCT
		10	51.1	44.8	12.1
			50.9	44.7	11.6
			51	44.7	11.5
			51	44.7	11
			51	44.7	12.2
			50.5	44	11.7
			50.7	44.4	11.3
			50.5	44.2	11.5
			50.5	44.2	11
			50.6	44.4	11.6

Cast Number	Chemical - OES	SI	FE	CU	MN	MG	CR	ZN	TI
H9479082	Actuals	0.66	0.4	0.27	0.06	0.9	0.17	0.03	0.02

This material was melted in the United States or a Qualifying Country [REF DPAKS 225.872.1(a)]; it was manufactured in the United States



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO18608

Purchase Order Date 12/07/12

PO Print Date 12/07/12

Page Number 1 of 1

Order From :

VC-CAM002

CAMPI STEEL
935 BOUL. DU HAVRE
VALLEYFIELD, QC J6S 5L1
CA

Contact Name

Vendor Phone 800 667 4248

Vendor Fax 450 377 5696

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAKED
COPY

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	M6061T6S.063	6061-T6 .063 Sheet	12/17/12 Yes	288.00 sf	Yours ppd	\$3.3750	\$972.00

Special Inst: MATERIAL: 6061-T6/T62 ALUMINUM
SHEET
AS PER QQ-A-250/11 OR AMS-QQ-A-
250/11 OR
AMS 4025 OR AMS 4027 OR ASTM B209

NOTE: RECEIVING DEPARTMENT WILL
BE CLOSE FOR INVENTORY ON
DECEMBER 13 AND 14

PO Total:

\$972.00

**MATERIAL CERTIFICATION
REQ'D UPON DELIVERY**

Change Nbr: 2

Change Date: 12/07/12

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO